

L13000162114

(N/A)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

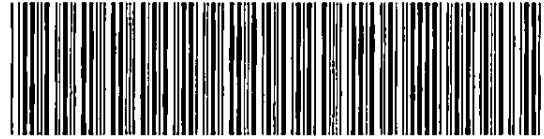
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PONY PADDOCK AT DRAGON'S LIAR  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Molly S Cobb  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

704 NW 202nd Street  
(Address)

Newberry FL 32669  
(City/State and Zip Code)

For further information concerning this matter, please call:

Molly Cobb at ( 386 ) 853-0615  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RECEIVED  
JAN 12 2024

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

PONY PADDOCK AT DRAGON'S LAIR

2. The Articles of Organization were filed on Sept 21, 2023 and assigned

document number \_\_\_\_\_

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

No longer operating

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Molly Cobb, 704 NW 202nd Street  
Newberry FL 32669

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Molly Cobb  
Signature

Molly Cobb  
Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FL

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